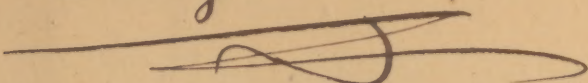


OVERLOCK (S.B.)

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New England.





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INFLUENZA IN NORTHERN NEW ENGLAND.

By S. B. OVERLOCK, M. D.,

STEUBEN, MAINE.

As to the articles that have been written on *la grippe* since it has become a prevalent epidemic disease in this country their names are legion, and my only excuse for offering anything additional to the medical profession is that my experience with the disease has been confined to a section of country different from that of any author's whose article has come to my notice. Also, that while the mortality has been high in towns but a few miles distant from this, out of over three hundred cases to date no one of them has ended fatally here.

The outbreak of this disease during the present winter has been more severe than that of last winter or of two years ago, a much larger number of cases terminating in pneumonia. During the latter part of December and the whole of January the epidemic was confined to the outlying districts east of the town and along the sea-board, not a single case appearing in the town proper, or in the outlying farming and lumbering sections to the westward. After nearly every person and at times whole families had been prostrated and recovered in the first-mentioned sections, cases began to appear in town, which rapidly spread into the outlying districts westward. Every age and condition were alike seized—hardy fishermen and lumbermen, exposed to every change in weather, and the merchant and artisan, who had hardly been out of doors for the winter—showing conclusively that “colds” had little or nothing to do with the spread of the disease.

Clinical features have varied according to age and physical condition of the patient, but all have had enough in common to furnish a chain of symptoms highly characteristic of the disease. In children under ten or twelve



years of age vomiting has been an almost constant symptom. Constipation has prevailed in a large majority of cases; in a few the reverse has been present—diarrhoea. In adults rapidity of pulse, marked rise in temperature, cephalalgia, and pain in limbs have been constant symptoms for the first twenty-four hours. At the end of this time a cough and acute bronchitis are prominent features. In aged people there is always a sense of fatigue, nervous depression, and sometimes somnolence.

In the epidemic of two years ago an attempt was made to formulate some regular plan of treatment, but without satisfactory results. In the present epidemic a general plan of treatment has been followed, varying, of course, with the age and general physical condition of different patients. In sthenic subjects with high arterial tension, marked rise of temperature, cephalalgia, pain in limbs, if there has been no movement of the bowels for the previous twenty-four hours or longer, a full dose of calomel was usually given, and if this failed to produce an evacuation in twelve hours, it was followed by a saline. In one hour ten grains sulphate of quinine with Dover's powder was given. In a short time the skin became moist, arterial tension began to lower, cephalalgia and pain in the limbs to abate. Tincture of aconite in small doses frequently repeated was given, watching meanwhile respiratory movements. The aconite seemed to lessen the amount of work done by the organs of respiration, and by blunting sensibility of the sensory nerves relieves the neuralgic pains to a greater extent than any other antipyretic. Usually after twenty-four hours' treatment arterial tension has become nearly normal, temperature is reduced in a marked degree, and there is little or no pain in head or limbs. When bronchitis was present, as it may be said to have been in every case, an expectorant mixture consisting of fluid extract of ipecac, chloroform, and syrup of squill or Tolu syrup was given every two, three or four hours, according to indications. If the expectorated matter was particularly viscid or took on the peculiarly bluish tint seen in many instances, carbonate

of ammonium and iodide of potassium, or iodide of ammonium was added to the cough mixture. If a marked sore throat was present, chlorate of potassium was used with good results, combined either with the expectorant mixture or with tincture of the chloride of iron, and applied to the throat with a swab. Pneumonia, as a complication, received the usual treatment. Alcoholic support was used earlier than in a pneumonia not preceded by *la grippe*. With children the principal antipyretic used was the liquor ammonii acetatis. This with a simple cough mixture usually brought the attack under full control in from eighteen to twenty-four hours. In old and feeble subjects alcoholic stimulants and an expectorant were administered at once, and this was the principal treatment adopted.

In a few cases the newer analgesic, antikamnia, was used with good results, so far as relief of pain was concerned. Acetanilide and antipyrine do not fulfill the indications or meet the wants of the patient in the symptomatic fever accompanying the disease. Physicians who use acetanilide, especially in case of the weak, irritable heart of brain-workers, will be obliged to write "heart failure" frequently in their death certificates.

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In response to a letter from the Antikamnia Chemical Co., upon the subject of the foregoing article Doctor Overlock writes the following:—

STEBEN, MAINE, May 23rd, 1892.

Gentlemen:

Yours of 17th at hand. In reply—am constantly using your product in all cases of neuralgic pain. In dysmenorrhœa of neuralgic or congestive origin, find it valuable and reliable to relieve pain until primary cause can be removed. In regard to its antipyretic properties, my experience has not been extended fully enough to warrant an opinion, but from its character, see no reason why it should not fulfill what you claim for it in that direction.

Very truly yours,

S. B. OVERLOCK, M. D.

[From "Toledo Medical Compend."]

"The chief claim advanced in favor of antikamnia over all other products from the same source, is that its use is not followed by a depression of the cardiac system. In certainty and celerity of action, it has also been found superior to any of its predecessors in this field. In cases of acute neuralgia, tested with a view of determining the anodyne properties of antikamnia, it was found to excel any and all others in rapidity and certainty of the relief given. Myalgia, neuralgia, hemicrania, and all forms of headache, etc., yield to its influence in a remarkably short time, and in no instance have any evil after-effects developed. The excellent results obtained as a *pain reliever* in neuralgic and rheumatic diseases, and when used as a sedative, anodyne and antipyretic or febrifuge, justifies us in claiming for antikamnia your attention.

The gastric disturbances frequently produced by one or more doses of other antipyretics and analgesics are never induced after the exhibition of antikamnia."

[From "Notes on New Pharm. Products."]

SCIATICA—TREATMENT.

The close pathological investigation which has been made within the past twenty years into the arcana of nervous diseases, have resulted in the placing of them in an immeasurably superior position as to diagnosis, and the conditions, especially in diseases of peripheral character, have become accurately and scientifically defined.

In these general investigations, conducted notably by Vaillard, Leyden, Pitres, and others, as a most salient feature of the added knowledge thus obtained, may be cited the two phases of sciatica, defined as sciatic neuritis, and sciatic neuralgia, which they incidentally find to illustrate the pathological character of many symptoms of disorders of the periphery. Naturally treatment will be entirely decided by the distinctions developed upon careful diagnosis.

The chief symptoms which distinctively indicate sciatic neuritis may be said to be changes in the nutrient conditions of the skin, muscles and hair, impaired sensibility to electric currents, paralysis in a general sense, and loss of tactile sensibility. In its treatment the cause, whether local or general, must be specifically attacked and conquered; after which the relief of pain, reduction of fever in the part or inflammatory conditions and complete rest.

The limb of the patient should be absolutely quiet, a splint being of service. Cold applications are used in the inflamed regions, and pain met by the exhibition of antikamnia.

After the preliminary stage has passed, gentle rubbing accelerates the dissipation of the inflammatory infiltration. Electrical currents of continuous flow are of service.

Where the sciatic neuritis shows a tendency towards a secondary or chronic character, broken electrical currents are better than the continuous. Other determinations have also been established, namely, nerve stretching is dangerous and of no advantage, and that blisterings, cauterys, and the entire line of counter irritants, cannot be relied upon.

In the treatment of sciatic neuralgia, no question of doubt with the profession obtains. The analgesic method, or what is synonymous, the anti-neuralgic treatment, is most useful. Here, also, by the general verdict of the large body of our practitioners, antikamnia is accepted as the most reliable analgesic.

